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Hogan & Hartson LLP
Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, CA 90071
+1.213.337.6700 Tel
+1.213.337.6701 Fax

www.hhlaw.com**TELECOPY/FACSIMILE**

| | | | |
|---|-------------------------------------|--------------------|--------------------|
| To: | Company: | Fax Number: | Tel Number: |
| Examiner: Daniel L. Walsh Art Unit: 2876 | U.S. Patent and Trademark Office | +1.571.273.8300 | +1.571.272.2409 |

From: Troy M. Schmelzer

Date: June 22, 2006

Time:

Total number of pages incl. cover page: 16

For internal purposes only:

Client number: 81754.0113

Attorney billing number: 3212

Confirmation number: +1.213.337.6785

(return to Juanita Soberanis)

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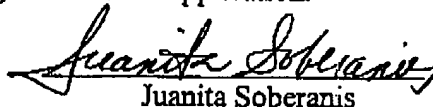
MESSAGE:**RE: U.S. Patent Application Serial No.: 10/799,370; Our Ref. 81754.0113**

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal.

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, for filing in the above application.

June 22, 2006
Date of Deposit


Juanita Soberanis

Baltimore Beijing Berlin Boulder Brussels Budapest Caracas Colorado Springs Denver Geneva Hong Kong London Los Angeles
Miami Moscow Munich New York Northern Virginia Paris Shanghai Tokyo Warsaw Washington, D.C.

WLA-81: 40113-267409 v1

FORM I-TO-1083

Attorney Docket No. 81754.0113
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Masaki HOSHINA

Serial No: 10/799,370

Confirmation No: 6379

Filed: March 12, 2004

For: Contactless Data Communication System, Position
Information Management System, Contactless
Identification Tag, Data Communication System,
Contactless Identification Tag Control Program, and
Data Communication System Control Program

Art Unit: 2876

Examiner: Walsh, Daniel I.

I hereby certify that this correspondence
is being transmitted via facsimile to
(571) 273-8300:Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
June 22, 2006

Date of Deposit

Juanita Soberanis

Name

Signature

6/22/2006

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|--|---|---|---|-------------------------------|--|------------------|
| TOTAL CLAIMS FEE | 18 | - | 20 ** | 0 | LG=\$50 SM=\$25 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 4 | - | 6 *** | 0 | LG=\$200 SM=\$100 | \$ 0 |
| FIRST REPRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180 | \$ |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | | | \$250 FOR EACH ADDITIONAL 50 SHEETS | \$ |
| Independent Claims: 1, 11, 15 and 18 | | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$_____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$_____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

Date: June 22, 2006

Biltmore Tower
500 South Grand Avenue, Suite 1900
Los Angeles, California 90071
Telephone: 213 337-6700
Facsimile: 213 337-6701

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

FORM PTO-1083

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Juanita Soberanis

Name

Signature

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Date: June 22, 2006

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Facsimile: 213 337-6701

By:

Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Appl. No. 10/799,370
Amtd. dated June 22, 2006
Reply to Office Action of March 22, 2006

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Juanita Soberanis
Name
Juanita Soberanis
Signature
6/22/2006
Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 22, 2006, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.